

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**

**Feb 02 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # 602904 (5)**  
1. Corporation Name  
**LEONARD SUSSMAN P.A.**



Principal Place of Business 4699 SW 72 AVE MIAMI FL 33155	Mailing Address 4699 SW 72 AVE MIAMI FL 33155
---	---

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**06/24/1971**

4. FEI Number **59-1353215** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	25. Country
29. Country	30. Country

9. Name and Address of Current Registered Agent  
**SUSSMAN, LEONARD  
4699 SW 72 AVENUE  
MIAMI FL 33155**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's Board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PD	<input type="checkbox"/>
NAME	SUSSMAN, LEONARD	
STREET ADDRESS	4699 SW 72 AVENUE	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
11. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
12. NAME			
13. STREET ADDRESS			
14. CITY-ST-ZIP			
2.1. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2. NAME			
2.3. STREET ADDRESS			
2.4. CITY-ST-ZIP			
3.1. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2. NAME			
3.3. STREET ADDRESS			
3.4. CITY-ST-ZIP			
4.1. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2. NAME			
4.3. STREET ADDRESS			
4.4. CITY-ST-ZIP			
5.1. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2. NAME			
5.3. STREET ADDRESS			
5.4. CITY-ST-ZIP			
6.1. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2. NAME			
6.3. STREET ADDRESS			
6.4. CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Leonard Sussman **LEONARD SUSSMAN** 1/26/98 (305) 662-7000

Signature and Typed or Printed Name of Signing Officer or Director Date Telephone # 02/17937

CR2E034 (10/97)